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EXAMINER

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PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b> 10/710,552	<b>Applicant(s)</b> BAKER ET AL.	
	<b>Examiner</b> KELLIE CAMPBELL	<b>Art Unit</b> 3691	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) ☒ Responsive to communication(s) filed on 20 July 2004.
- 2a) ☐ This action is **FINAL**.                      2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) ☒ Claim(s) 1-33 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-33 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 20 July 2004 is/are: a) ☐ accepted or b) ☒ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All    b) ☐ Some \*    c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- |  |   |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)            | 4) <input type="checkbox"/> Interview Summary (PTO-413)           |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)   | Paper No(s)/Mail Date. _____                                      |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date <u>10 January 2006</u> .   | 6) <input type="checkbox"/> Other: _____                          |

### **DETAILED ACTION**

1. The following is a first, non-final Office Action on the merits in response to the application filed on July 20, 2004. **Claims 1-33 are pending and have been examined.**

#### ***Priority***

2. No claim for priority is made in this application.

#### ***Drawings***

3. The drawings are accepted by Examiner.

#### ***Information Disclosure Statement***

4. The information disclosure statement (IDS) was submitted on January 10, 2006. The submission is in compliance with the provisions of 37 CFR 1.97. Accordingly, the information disclosure statement was considered by the examiner. An initialed copy of form 1449 is attached herewith.

#### ***Claim Objections***

5. Claim 1 is objected to because of the following informalities: "mechanism9" should be "mechanism". Appropriate correction is required.

6. Claim 1 is objected to because of the following informalities: "arranged, to" should be "arranged to". Appropriate correction is required.

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7. Claim 5 is objected to because of the following informalities: the claim is missing a period after the word users. Appropriate correction is required.
8. Claim 6 is objected to because of the following informalities: there is a dash after the period. Appropriate correction is required.
9. Claim 11 is objected to because of the following informalities: the claim is missing a period after the word users. Appropriate correction is required.
10. Claim 26 is objected to because of the following informalities: "sum certain" should be "certain sum". Appropriate correction is required.

***Claim Rejections - 35 USC § 112***

11. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.
12. **Claim 1-33 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.**
13. **As per Claims 1-33**, they each recite a "claim submission mechanism", "a registration mechanism", or a "claims processing mechanism". These recitations are vague and indefinite because it is unclear what Applicant intends the term mechanism to cover. Is a "mechanism" software? Is a "mechanism" hardware? Is a mechanism a device or part of a device? Applicant's specification at ¶4 defines a mechanism in the following manner : "As used herein, the term "mechanism" is used herein to represent hardware, software or any combination thereof". This definition does not help in limiting

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the scope of the claim. Clarification is required. For purposes of examination, Examiner will interpret a "mechanism" to mean software.

14. **As per Claims 1-33**, they each recite a "claim submission mechanism", "a registration mechanism", or a "claims processing mechanism". These recitations are confusing because it is difficult to determine when and whether the same specific mechanism is being referred to when to recitations are repeated.

15. **As per Claims 5, 6, 13-14, 16-17, 20, 24, and 32**, they each recite "and/or". It is not clear whether or not the claim is referring to the two elements in the alternative or whether the claim requires both of the elements encompassed by "and/or", therefore the claims are vague and indefinite.

16. **As per Claims 18-19, 21, 26-27, 29-31, and 33**, they each recite "means for" claim elements which are a means plus function limitation that invokes 35 U.S.C. 112, sixth paragraph. However, the written description fails to disclose the corresponding structure, material, or acts for the claimed function. At most, Applicant only discloses a generalized computer system in the specification ([0004], The mechanisms and databases described herein can be implemented on standard, general-purpose computers or they can be implemented as specialized devices).

Applicant is required to:

(a) Amend the claim so that the claim limitation will no longer be a means (or step) plus function limitation under 35 U.S.C. 112, sixth paragraph; or

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(b) Amend the written description of the specification such that it expressly recites what structure, material, or acts perform the claimed function without introducing any new matter (35 U.S.C. 132(a)).

If applicant is of the opinion that the written description of the specification already implicitly or inherently discloses the corresponding structure, material, or acts so that one of ordinary skill in the art would recognize what structure, material, or acts perform the claimed function, applicant is required to clarify the record by either:

- (a) Amending the written description of the specification such that it expressly recites the corresponding structure, material, or acts for performing the claimed function and clearly links or associates the structure, material, or acts to the claimed function, without introducing any new matter (35 U.S.C. 132(a)); or
- (b) Stating on the record what the corresponding structure, material, or acts, which are implicitly or inherently set forth in the written description of the specification, perform the claimed function. For more information, see 37 CFR 1.75(d) and MPEP §§ 608.01(o) and 2181.

For purposes of examination, Examiner will not interpret the claims under 35 U.S.C. 112, sixth paragraph. Instead, Examiner will interpret the recitations as software.

17. **As per Claim 22**, it recites “a mechanism constructed and adapted to receive a message representing registration information; a mechanism constructed and adapted to receive a message representing healthcare claim information; and a mechanism constructed and adapted to generate and transmit a message representing payment authorization”. This recitation is vague and indefinite because it is unclear how the

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"mechanisms" can be distinguished from each other. Clarification is required. For purposes of examination, Examiner will interpret "a mechanism" to be any mechanism.

18. **As per Claims 22-29**, they recite an apparatus. However, the structure of the apparatus is unclear. Clarification is required. For purposes of examination, Examiner will interpret "apparatus" to mean any apparatus.

19. **As per Claim 23**, it recites "the mechanism" in referring to Claim 22. This recitation is vague and indefinite because it is unclear which of the three mechanisms recited in Claim 22 it is intended to refer. Clarification is required. For purposes of examination, Examiner will interpret the recitation to mean any mechanism (i.e. software).

### ***Claim Rejections - 35 USC § 101***

20. 35 U.S.C. 101 reads as follows:

Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

21. **Claims 1-33 are rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.**

22. **As per Claim 1**, it appears to be directed to a system. However, the components of the system "a registration mechanism", "a claim submission mechanism", and "a claim processing mechanism" are all software elements. No computer-readable medium or other hardware is positively recited to establish a statutory category or enable any functionality of the recited descriptive material to be

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realized. Therefore, Claim 1 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

23. **As per Claims 2-9**, they each depend either directly or indirectly on Claim 1 and do not cure the deficiencies set forth above. Therefore, Claims 2-9 are also rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

24. **As per Claim 10**, it is directed to a method comprising the steps of “generating” and “obtaining”. In order for a process to be considered statutory under 35 U.S.C. §101, the claimed process must satisfy the “**machine or transformation test**”; that is the process must either: (1) be tied to a particular machine or apparatus or (2) transform a particular article to a different state or thing. In re Bilski, 545 F. 3d 943, 88USPQ2d 1385 (Fed. Cir. 2008). When neither of these requirements is met by the claim, the method is not a patent eligible process under 35 U.S.C. §101 and is non-statutory subject matter. The method steps of Claim 1 are not tied to a machine or apparatus and do not involve transforming an article into a different state or thing. Applicant’s claim is not drawn to patent-eligible subject matter because it fails the “**machine or transformation test**”. Therefore, Claim 10 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

25. **As per Claims 11-16**, they each depend directly on Claim 10 and do not cure the deficiencies set forth above. Therefore, Claims 11-16 are also rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.



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26. **As per Claim 18**, it appears directed to a system, however, no computer-readable medium or other hardware is positively recited to establish a statutory category or enable any functionality of the recited descriptive material to be realized. Therefore, Claim 16 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

27. **As per Claim 18**, it recites a system but the components of the system are merely software elements. Further, even if the system components were interpreted to be hardware the “acts” of the claimed system manipulate only signals representing which are not any of a process, machine, manufacture, or composition of matter, thus, the acts are not being applied to statutory subject matter. *Gottschalk v. Benson*, 409 U.S. 63, 71 - 72, 175 USPQ 673, 676 (1972). Therefore, Claim 18 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

28. **As per Claims 19-21**, they each depend directly on Claim 18 and do not cure the deficiencies set forth above. Therefore, Claims 19-21 are also rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

29. **As per Claims 22 and 26**, they recite an apparatus but the structure of the apparatus are merely software elements. Further, even if the apparatus were interpreted to be hardware the “acts” of the claimed apparatus manipulate only signals which are not any of a process, machine, manufacture, or composition of matter, thus, the acts are not being applied to statutory subject matter. *Gottschalk v. Benson*, 409 U.S. 63, 71 - 72, 175 USPQ 673, 676 (1972). Therefore, Claim 22 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

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30. **As per Claims 21-25 and 27-29**, they each depend from either Claim 22 or Claim 26 and not cure the deficiencies set forth above. Therefore, Claims 21-25 and 27-26 are also rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

31. **As per Claims 30**, it recites a computer readable medium where the acts performed by the instructions on the medium only manipulate signals which are not any of a process, machine, manufacture, or composition of matter, thus, the acts are not being applied to statutory subject matter. *Gottschalk v. Benson*, 409 U.S. 63, 71 - 72, 175 USPQ 673, 676 (1972). Therefore, Claim 30 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

32. **As per Claim 31**, it recites a computer where the acts performed by the computer only manipulate signals which are not any of a process, machine, manufacture, or composition of matter, thus, the acts are not being applied to statutory subject matter. *Gottschalk v. Benson*, 409 U.S. 63, 71 - 72, 175 USPQ 673, 676 (1972). Therefore, Claim 31 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

### ***Claim Rejections - 35 USC § 102***

33. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

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(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

**34. Claims 1-33 are rejected under 35 U.S.C. 102(e) as being anticipated by U.S.**

**Patent Application Publication 2003/0200118 A1 to Lee et al. (hereinafter Lee).**

**35. As per Claim 1,** Lee discloses a healthcare claims management and payment transaction system comprising:

a registration mechanism constructed and arranged to generate and transmit a message representing registration information to the system (§157, CSR begins the enrollment process by entering basic information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.);

a claim submission mechanism constructed and arranged to generate and transmit a message representing claim information to the system (§18, The system involves a server that supplies the transaction set information about the payment of the claim to the provider.; §23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer.)); and

a claim processing mechanism constructed and arranged, to receive a message representing claim information generated and transmitted by the claim submission mechanism<sup>9</sup> (see at least Figures 1 and related text; §23, after health care services are

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rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer. ) to receive a message representing registration information generated and transmitted by the registration mechanism, and to generate and transmit a message representing payment authorization to a payment mechanism, the payment authorization being based at least in part on the registration information and the claim information (§46, TPN will have a vendor service agreement with VISA DPS to provide electronic funds transfer and settlement processing of the TPN hPay product through the VISA DPS ePay product. The VISA DPS ePay system receives HIPAA defined ASC X12N 835 Health Care Claim Payment/Advice transaction set transmissions from payers in an EFT format. The ASC X12N 835 EFT transaction set is used to debit the claim payment funds from the payer's plan account at its financial institution and deposit (credit) the funds into the provider's account at its financial institution; ¶103, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System. The Payer Wire Event Message identifies the Payer Member who sent the wire transfer, the amount of the wire transfer and the Transmissions covered by the wire transfer.).

36. **As per Claim 2**, Lee discloses the system of claim 1, wherein the registration mechanism is further constructed and arranged to receive a message representing registration information from one or more user (see at least Figure 7 and related text; ¶61, FIG. 7 is a Cross-Functional Process Map that illustrates the Payer Member Enrollment Process.).

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37. **As per Claim 3**, Lee discloses the system of claim 1, wherein the claim submission mechanism is further constructed and arranged to receive a message representing claim information from one or more users (¶103, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System. The Payer Wire Event Message identifies the Payer Member who sent the wire transfer, the amount of the wire transfer and the Transmissions covered by the wire transfer.).

38. **As per Claim 4**, Lee discloses the system of claim 1, wherein the claim processing mechanism is further constructed and arranged to generate and transmit a message representing claim information and payment authorization to the registration mechanism (¶103, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System. The Payer Wire Event Message identifies the Payer Member who sent the wire transfer, the amount of the wire transfer and the Transmissions covered by the wire transfer.).

39. **As per Claim 5**, Lee discloses the system of claim 4, wherein the registration mechanism is further constructed and arranged to generate and transmit a message containing some or all of the claim information, registration information and/or payment authorization to one or more users (see at least Figure 6 and related text; 82, Payer Members send information about health care claim payments over a secured telecommunication path to the VISA DPS ePay System).

40. **As per Claim 6**, Lee discloses the system of claim 1, wherein the payment authorization is based in part on the claim information as compared to one or more

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templates and/or rule sets (§380, TPN is developing a "Privacy and Security Policy" whose goal is "to keep health care claim payment financial information secure and confidential." While the Policy is still under development, the TPN hPay Solution System must support the Policy's Objectives and must comply and conform with all the Rules and Regulations).

41. **As per Claim 7**, Lee discloses the system of any of claims 1-6, wherein the payment mechanism is constructed and arranged to receive a message containing payment authorization from the claim processing mechanism, and to generate and transmit a funds transfer message based upon such authorization to cause funds to be transferred from a funded account to a provider account (§27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210).

42. **As per Claim 8**, Lee discloses the system of claim 1, wherein the claim processing mechanism is further constructed and arranged to generate and transmit a message representing some or all of the claim information, the registration information and/or the payment authorization to an insurance submission mechanism (§5, After service has been rendered, the provider submits a claim to a payer (for example, the patient's health insurance company) for payment. After adjudication, the payer transmits a transaction set to the system. The transaction set indicates, among other

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things, the actual patient responsibility amount and a payer's amount. The payer's amount is the amount to be paid by the payer.).

43. **As per Claim 9**, Lee discloses the system of claim 8, wherein the insurance submission mechanism is further constructed and arranged to generate and transmit a message representing an insurance claim action (§103, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System);

the claim processing mechanism is further constructed and arranged to receive a message representing insurance claim action from the insurance submission mechanism (§103, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System.), and to generate and transmit a second funds transfer message representing payment authorization to the payment mechanism, the payment authorization based at least in part on the insurance claim action and the registration information (§27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

44. **As per Claim 10**, Lee discloses a method of managing and paying healthcare claims, the method comprising:

by a registration mechanism, generating a message representing registration information to the system (§157, CSR begins the enrollment process by entering basic

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information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.);

by a claim submission mechanism, generating a message representing a healthcare claim to the system (see at least Figure 2 and related text; ¶8, The system involves a server that supplies the transaction set information about the payment of the claim to the provider.; ¶23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer.)) and

by a claim processing mechanism, obtaining a message representing registration information generated by the registration mechanism (see at least Figure 2 and related text),

obtaining a message representing a healthcare claim generated by the claim submission mechanism (see at least Figure 2 and related text;), and

generating and transmitting a message representing payment authorization to a payment mechanism, the payment authorization being based at least in part on the claim information and the registration information (see at least Figure 2 and related text; ¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).



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45. **As per Claim 11**, Lee discloses the method of claim 10 further comprising the claim submission mechanism receiving a message representing a healthcare claim from one or more users (¶23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer.).

46. **As per Claim 12**, Lee discloses the method of claim 10, further comprising the claim processing mechanism generating and transmitting a message representing the healthcare claim and the payment authorization to the registration mechanism (see Figure 8 and related text; ¶23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer.).

47. **As per Claim 13**, Lee discloses the method of claim 10, wherein the payment authorization is based in part on the claim information as compared to one or more templates and/or rule sets (¶380, TPN is developing a "Privacy and Security Policy" whose goal is "to keep health care claim payment financial information secure and confidential." While the Policy is still under development, the TPN hPay Solution System must support the Policy's Objectives and must comply and conform with all the Rules and Regulations).

**As per Claim 14**, Lee discloses the method of claim 10, further comprising the registration mechanism generating and transmitting a message containing some or all of the claim information, registration information and/or payment authorization to one or more users (¶03, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System. The Payer Wire Event

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Message identifies the Payer Member who sent the wire transfer, the amount of the wire transfer and the Transmissions covered by the wire transfer.).

48. **As per Claim 15**, Lee discloses the method of any of claims 10-14, further comprising the payment mechanism receiving a message containing payment authorization from the claim processing mechanism, and generating and transmitting a message to cause funds to be transferred from a funded account to a provider account (§27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.)

49. **As per Claim 16**, Lee discloses the method of claim 10, further comprising the claim processing mechanism generating and transmitting a message representing some or all of the claim information the registration information and/or the payment authorization to an insurance submission mechanism (see at least Figure 9 and related text; §27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.)

50. **As per Claim 17**, Lee discloses a memory for storing data for access by an application program being executed on a data processing system, comprising:

a data structure stored in the memory, said data structure including information relating to one or more users issued by a registration server (see at least Figure 2 and related text; ¶8, The system involves a server that supplies the transaction set information about the payment of the claim to the provider. In one embodiment, the server is a web site server that supplies a web site to the provider. The provider can access the web site and determine, for each claim, the payer amount paid by the payer and the actual patient responsibility amount paid by the patient.),

51. claim information relating to services performed by or on behalf of any of said one or more users, said claim information being issued by a claim submission server, and payment authorization information issued by the data processing system of the present invention (¶3, The doctor's office can then use the trace number (step 107) associated with a deposit to identify the other information about the same claim (such as, for example, transaction set information received by the doctor from the payer via arrow 206 and/or transaction set information received by the doctor from web site server 213 via arrow 215). Staff in the doctor's office can, for example, use the trace number to confirm, for each payment indicated by the transaction set information as having been made, that the proper deposit amount actually appears on the deposit statement 219 received from the doctor's bank 211) said payment authorization being based at least on the registration information, the claim information and one or more templates and/or rule sets (¶380, TPN is developing a "Privacy and Security Policy" whose goal is "to keep health care claim payment financial information secure and confidential." While

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the Policy is still under development, the TPN hPay Solution System must support the Policy's Objectives and must comply and conform with all the Rules and Regulations).

52. **As per Claim 18**, Lee discloses a system for managing, processing and paying healthcare claims, the system comprising:

a claims submission mechanism having means for issuing electronic signals representing claim information to the system (¶8, The system involves a server that supplies the transaction set information about the payment of the claim to the provider.; ¶23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer.));

a registration mechanism having means for issuing electronic signals representing registration information to the system (¶157, CSR begins the enrollment process by entering basic information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.); and

a claims processing mechanism comprising means for obtaining electronic signals representing claim information issued by the claims submission mechanism (see at least Figure 2 and related text),

means for obtaining electronic signals representing registration information issued by the registration mechanism (see at least Figure 2 and related text),, and

means for issuing electronic signals representing payment authorization, the payment authorization being based at least on the claim information and the registration information (see at least Figure 2 and related text),.

53. **As per Claim 19**, Lee discloses the system of claim 18, wherein the registration mechanism further comprises means for obtaining an electronic signal representing registration information from one or more users, and the claim submission mechanism further comprises means for obtaining an electronic signal representing claim information from one or more users (see at least Figures 6 and 7 and related text).

54. **As per Claim 20**, Lee discloses the system of claim 18, wherein the payment authorization is based further on the claim information as compared to one or more templates and/or rule sets (§380, TPN is developing a "Privacy and Security Policy" whose goal is "to keep health care claim payment financial information secure and confidential." While the Policy is still under development, the TPN hPay Solution System must support the Policy's Objectives and must comply and conform with all the Rules and Regulations).

55. **As per Claim 21**, Lee discloses the system in claim 18, further comprising a payment mechanism comprising means for obtaining electronic signals representing payment authorization from the claim processing mechanism, and means for issuing electronic signals to cause funds to be transferred from a funded account to a provider account (§6, Using this transaction set information, the system automatically transfers the actual patient responsibility amount from the suspended funds and into the provider's bank account.).

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56. **As per Claim 22**, Lee discloses an apparatus for managing, processing and paying healthcare claims, the apparatus comprising:

a mechanism constructed and adapted to receive a message representing registration information (§157, CSR begins the enrollment process by entering basic information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.);

a mechanism constructed and adapted to receive a message representing healthcare claim information (§30, Next (step 105), web site server 213 supplies to the doctor 203 certain information about the payment of the claim. In the example of FIG. 2, this is indicated by arrow 215 that extends from web site server 213 to doctor 203. This information can be transmitted to doctor 203 as a data file.); and

a mechanism constructed and adapted to generate and transmit a message representing payment authorization (§27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

57. **As per Claim 23**, Lee discloses the apparatus of claim 22, wherein the mechanism is further constructed and adapted to generate and transmit a message containing claim information and action to one or more users (§30, Next (step 105), web site server 213 supplies to the doctor 203 certain information about the payment of the

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claim. In the example of FIG. 2, this is indicated by arrow 215 that extends from web site server 213 to doctor 203. This information can be transmitted to doctor 203 as a data file.).

58. **As per Claim 24**, Lee discloses the apparatus of claim 22, wherein the payment authorization is based in part on the claim information as compared to one or more templates and/or rule sets (¶380, TPN is developing a "Privacy and Security Policy" whose goal is "to keep health care claim payment financial information secure and confidential." While the Policy is still under development, the TPN hPay Solution System must support the Policy's Objectives and must comply and conform with all the Rules and Regulations).

59. **As per Claim 25**, Lee discloses the apparatus of any of claims 22-24, wherein the mechanism is further constructed and adapted to generate and transmit a message representing some claim information and registration information, to an insurance submission mechanism (¶23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer. In FIG. 2 this is illustrated by arrow 202 extending from the health care provider 203 to the health care payer 204. The claim is adjudicated such that the "actual patient responsibility amount" and the "payer amount" are determined).

60. **As per Claim 26**, Lee discloses an apparatus for managing, processing and paying healthcare claims, the apparatus comprising: means for receiving electronic signals representing a healthcare claim;

means for receiving electronic signals representing registration information (¶157, CSR begins the enrollment process by entering basic information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.);

means for generating a message based on the healthcare claim and the registration information, the message specifying payment authorization for a sum certain (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210); and

means for transmitting electronic signals representing the payment authorization message to a payment mechanism (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

61. **As per Claim 27**, Lee discloses the apparatus of claim 26, further comprising means for transmitting electronic signals representing claim information and payment authorization to a registration mechanism (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from



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payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

62. **As per Claim 28**, Lee discloses the apparatus of claim 26, wherein the payment authorization is based further on the claim information as compared to one or more templates and/or rule sets (¶380, TPN is developing a "Privacy and Security Policy" whose goal is "to keep health care claim payment financial information secure and confidential." While the Policy is still under development, the TPN hPay Solution System must support the Policy's Objectives and must comply and conform with all the Rules and Regulations).

63. **As per Claim 29**, Lee discloses the apparatus of any of claims 26-28, further comprising means for transmitting electronic signals representing some claim information, registration information and payment authorization to an insurance submission mechanism (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

**As per Claim 30**, Lee discloses computer readable media tangibly embodying a program of instructions executable by a computer to perform a method of managing, processing and paying healthcare claims in an electronic transaction system, the method comprising, by a claims processing mechanism:

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receiving electronic signals representing claim information from a claims submission mechanism (¶23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer. In FIG. 2 this is illustrated by arrow 202 extending from the health care provider 203 to the health care payer 204. The claim is adjudicated such that the "actual patient responsibility amount" and the "payer amount" are determined);

receiving electronic signals representing registration information from a registration mechanism(¶157, CSR begins the enrollment process by entering basic information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.);

creating a message based on claim information and registration information, the message specifying claim payment authorization (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210);; and

sending electronic signals representing the message to a payment mechanism requesting claim payment (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA

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ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210);

64. **As per Claim 31**, Lee discloses at least one computer programmed to execute a process for managing, processing and paying claims, the process comprising:

receiving electronic signals representing a claim (¶23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer. In FIG. 2 this is illustrated by arrow 202 extending from the health care provider 203 to the health care payer 204. The claim is adjudicated such that the "actual patient responsibility amount" and the "payer amount" are determined);

receiving electronic signals representing registration information (¶157, CSR begins the enrollment process by entering basic information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.);

creating a payment authorization message specifying payment of the claim (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210); and

causing electronic signals representing the payment authorization message to be sent to a payment mechanism (¶27, Payer 204 also initiates wire transfer (step 103) of

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the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210);.

65. **As per Claim 32**, Lee discloses the computer of claim 31, wherein the payment authorization is based in part on the claim information as compared to one or more templates and/or rule sets (§380, TPN is developing a "Privacy and Security Policy" whose goal is "to keep health care claim payment financial information secure and confidential." While the Policy is still under development, the TPN hPay Solution System must support the Policy's Objectives and must comply and conform with all the Rules and Regulations).

66. **As per Claim 33**, Lee discloses the computer of claim 32, wherein the process further comprises creating a message representing some claim information, registration information and payment authorization; and

causing electronic signals representing the message to be sent to an insurance submission mechanism (§27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

***Conclusion***

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Kellie Campbell whose telephone number is (571) 270-5495. The examiner can normally be reached on Monday through Thursday, 6:30 am to 5 pm est. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Alexander Kalinowski can be reached on 571-272-6771. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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K.C.

/Alexander Kalinowski/

Supervisory Patent Examiner, Art Unit 3691